U. S. COST REIMBURSARIE  (Orepatiment, bureau, or establishment)  Voucher prepared at  (Give place and data)  THE UNITED STATES, Dr.,  Payer's Account No.  (Payer)  (Copy / OF Z)  (Address)  (Copy / OF Z)  (Copy / OF Z)  (Copy / OF Z)  (Copy / OF Z)  (Conter description, item number of contract or Federal supply of Service or Se	(Gen. Reg. No. (Amended Fe	or, Supp. No. 11) bruary 20, 1962)	- SERV	2000/04/11 : C VOUCHER FOR CICES OTHER TH	IAN PEKS	UNAL	- Bu	. Vou. No	100	<u>'</u>	
THE UNITED STATES, Dr.,  Paye's Account No.  (Payen)  (Chy)  (Chy	U. SCC	ST REIMBUR	SABLE					-	PAI	D BY	
THE UNITED STATES, Dr.,  Payee's Account No.  (Payeo)  (City)	Vouchau much	avad at	(Department, 1	oureau, or establishment)							
THE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Copy)	<i>г</i> оисист ртер	uicu al		(Give place and date)				-   ,	122400		
(Address) (City) (State)  No. and Date of Delivery or Sevice  (Enter description, fare range of contract or Federal supply of Sevice shedule, and other information decreased necessary)  PAYMENT:  Cost  Co	THE UNITED S	STATES, Dr.,	Paye	e's Account No					SAPC A	31249	7
(Address) (City) (State)  No. and Date of Delivery or Sevice  (Enter description, fare range of contract or Federal supply of Sevice shedule, and other information decreased necessary)  PAYMENT:  Cost  Co	m ·	*							COPY	OF Z	
No. and Date of Order of Services    Cost	I o		)	(Payce)				-   4			
No. and Date of Order of Services    Cost											
No. and Date of Date or Service (Enter description, item number of contract or Federal apply or Service)  Cost Par Dollars  Cost Par Dollars  Cost Par Dollars  Cost Par Dollars  AMMENT:  Complete Partial Single from to Weight Government B/L No. Total 78  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11.8/57 *Payee  Title Representation of the services as stocked bill as billion of many or initials)  Amount verified; correct for Signature or initials)  SIGN ORIGINAL ONLY  Title Date THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM		(Add				tate)	7	- 	<del></del>		
Cost		Date of Delivery	(Enter description, schedule, and	item number of contrac other information deem	5 t or Federal su sed necessary)	apply	QUANTITY	UNIT	PRICE	AMOUN'	r
AYMENT:  Complete  Partial  Partial  Use continuation sheet(s) if necessary  Control to Weight Government B/L No. Total 78  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11/8/57 *Payee  Title (Signature or initials)  Contract No. 4 - / 0   Date Reg. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Older	- Service						Cost	Per	Dollars	Ct
AYMENT:  Complete  Partial  Partial  Use continuation sheet(s) if necessary  Control to Weight Government B/L No. Total 78  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11/8/57 *Payee  Title (Signature or initials)  Contract No. 4 - / 0   Date Reg. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM									1		
Complete Partial Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total 78  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11.8/57 *Payee  Title (Signature or initials)  Contract No. A - 101 Date Req. No. Date Invoice Ree'd.  Per Sursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$ 100 ORIGINAL ONLY  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form			Cost							78	5
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Certify that the above bill is correct and just and that payment has not been received,  STATINTL (Sign original only)  Date 11./8/57 *Payee  Title (Signature or initials)  Contract No. A - / 0 1 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$ (Authorized Certifying Officer)  SIGN ORIGINAL ONLY  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form											
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STATINTL (Sign original only)  Date 11/8/57 *Payee   Title (Signature or initials)  Contract No. 4-101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	certify that the	bove bill is correct	and just and that payn	nent has not been receive	d.	Differen	ces				
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Per	Date	L*Payee	ot required when a lik	e certificate is made by payee on atta	shed bill or bills)					\$78	
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THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM				ONLY							
	Title				Date						
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown, other electionation actional)	£	THE REVERSE OF TH	IS FORM MUST BE EXECUTED	WHEN PURCHASES ARE MADE	OR SERVICES SECU	IRED WITH	OUT WRITTEN A	GREEMENT I	N ANY FORM		
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## Tandard Form No. 1035a—Revised Form prescribed by Comptroller Cappy Proved For Release 2000/04/17 CIA-RDP64-00360R000600910872460DUM September 1110 No. 11) September 1110 No. 11) September 1110 No. 11)

CONTINUATION SHEET

. s. cos	T REIMBUF	(Department, bureau, or establishment)				her No. 1061
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedand other information deemed necessary)	ule, QUAN	UNI Cost	T PRICE	AMOUNT  Dollars Cts
		Contract AlOl - System IV  STATINTL  To adjust Overhead from to current approved rate of applicable to Computer Systems Division for the period 1/1/57 to 9/30/57				
		1957 Costs Submitted thru Vo. No. 10	Cos at	7 Submits comprevised	outed 1	Adjustment
	Labor	STATINTL				
	Overhead	TATINTL				
	G & A -					
	Total					\$ 78.5
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